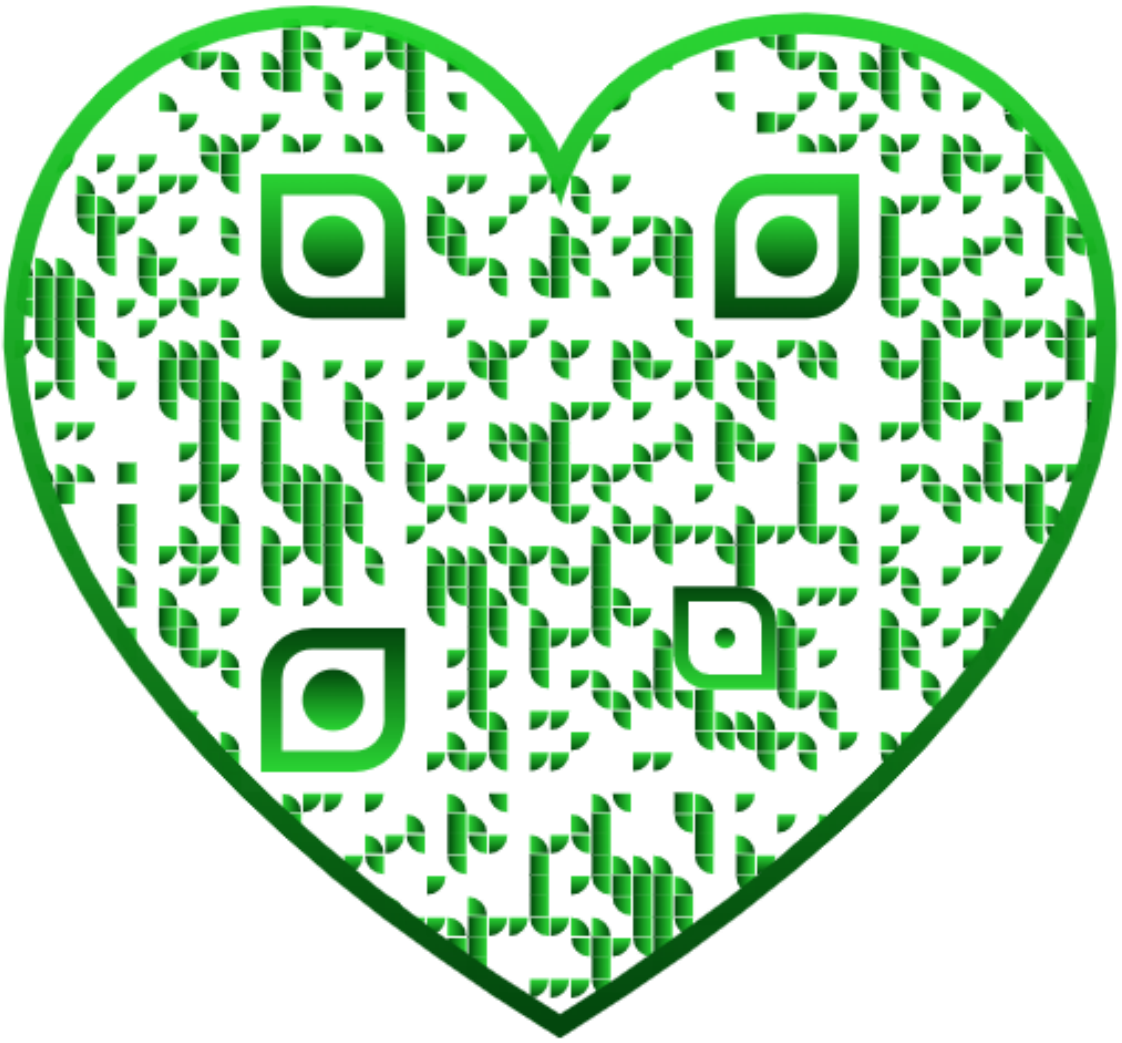
in Pregnancy Antibiotics



Generic (Brand)	Category	Crosses placenta	Reported adverse effects	Place in therapy
Sulfamethoxazole (SMX)/ trimethoprim (TMP) (Bactrim	C	SMX: Unknown TMP: Yes	Fetus: SMX: jaundice, hemolytic anemia, and possibly kernicterus TMP: neural tube defects (NTD), oral clefts, cardiac defects, and urinary tract defects	Not recommended in pregnancy
Metronidazole (Flagyl)	B	Yes	Fetus: Low birth weight babies, spontaneous abortions, and carcinogenic possibilities	Safe for use only in 2nd and 3rd trimester
Clindamycin	B	Yes	Fetus: Increase in neonatal infection and low birth weight seen with vaginal preparation	

Generic (Brand)	Category	Crosses placenta	Reported adverse effects	Place in therapy
Tetracyclines	D	Yes	Fetus: Hypospadia(1st trimester only), inguinal hernia, limb hypoplasia, teeth discoloration(2nd,3rd)cataracts, cleft palates, spina bifida, polydactyl	Not recommended in pregnancy
Cephalosporins	B	Yes	None reported	Generally considered safe in pregnancy unless penicillin allergic
Penicillins +/- Beta-lactamase inhibitor	B	Yes	None reported	Safest class in pregnancy if not allergic choice for syphilis

Generic (Brand)	Category	Crosses placenta	Reported adverse effects	Place in therapy
Macrolides	Azithro, Erythro: B Claritro: C	Yes	Fetus: Cardiovascular abnormalities and cleft palate with Clarithromycin.	
Fluoroquinolones	C	Yes	Erosion of weight-bearing cartilage in rats and dogs, but no human reports	Not recommended in pregnancy
Aminoglycosides (Amikacin, Gentamicin, and Tobramycin)	D	Yes	Fetus: ototoxicity/deafness (damage of 8th Cranial Nerve) Neuromuscular weakness, respiratory depression with concomitant gentamicin and Mag sulfate	Do not use in pregnancy not unless the benefit outweighs the risk to the fetus

Table 32.3 Concurrent disease and antibiotic prescribing

Concurrent disease	Drugs to avoid or use with caution	Comments
Arrhythmias	Macrolides	Prolongation of Q–T interval
History of allergy	Penicillins (phenoxymethylpenicillin, flucloxacillin, amoxicillin, pivmecillinam)	Increased risk of penicillin hypersensitivity including urticaria, fever, joint pains, rashes, angio-oedema
Penicillin allergy	Penicillins and cephalosporins	• If possible, penicillin side effects should be differentiated from true penicillin allergy (see text) • Usually occurs within 72 h of starting treatment • Penicillin allergy is a contraindication to using penicillins and a reason not to use cephalosporins
Asthma (see also above)	Co-trimoxazole	May cause shortness of breath or pulmonary infiltrates
Epilepsy	Quinolones	May induce convulsions
Immunocompromised	All antibiotics	Higher doses are often required, as infections may be severe
Porphyria (hereditary disorder of haem biosynthesis)	Flucloxacillin, cephalosporins, erythromycin, isoniazid, sulphonamides, chloramphenicol, co-trimoxazole, trimethoprim, nitrofurantoin, nalidixic acid, tinidazole, oxytetracyline	For complete list see *British National Formulary*, Section 9.8.2
Sore throat	Broad-spectrum penicillins (ampicillin, amoxicillin)	Due to a rash with glandular fever
Psychiatric disorders	Quinolones	Discontinue if there is a psychotic reaction
Diabetes mellitus	Cephalosporins, nitrofurantoin	False-positive urinary glucose (test for reducing substances)
Myasthenia gravis	Aminoglycosides	Impairment of neuromuscular transmission
Diarrhoea	Clindamycin	Contraindicated
History of deafness	Vancomycin, gentamicin	Ototoxic